

Subject Health policy bill

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Overview

This bill makes policy changes to health statutes and statutes governing certain health occupations and expands the existing Higher Education Facilities Authority to allow it to also provide capital financing to nonprofit health care organizations.

Article 1: Health Policy

This article establishes requirements for conducting sensitive examinations, allows the director of the Office of Emergency Medical Services to share certain data on overdose incidents, requires the director of child sex trafficking to submit evaluations on the safe harbor program to certain members of the legislature, requires the commissioner of health to conduct maternal death studies, modifies the safe place for newborns law, modifies statutes governing physician assistant collaborative agreements and optometrist scope of practice, and makes technical changes.

Section Description - Article 1: Health Policy

1 Informed consent for sensitive examinations.

Adds § 144.6584. Prohibits a health professional, or a student or resident in a health professional training program, from conducting a sensitive examination on a patient who is under anesthesia or is unconscious, unless:

- the patient or the patient's representative provided informed consent to the sensitive examination for preventive, diagnostic, or treatment purposes;
- the patient or the patient's representative provided informed consent to the sensitive examination performed solely for educational or training purposes;
- the patient or the patient's representative provided informed consent to a procedure or examination, and the sensitive examination is related to that procedure or examination and is medically necessary;
- the patient is unconscious and the sensitive examination is medically necessary to diagnose or treat the patient; or

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- the sensitive examination is performed by a qualified health professional to collect evidence or document injuries.

Provides a violation of this section is a ground for disciplinary action by the health-related licensing board that regulates the health professional, student, or resident who performed the sensitive examination.

2 Exemption from national standards for quality control and personnel requirements.

Amends § 144.98, subd. 8. Strikes an obsolete date in a subdivision on exemptions from national quality control and personnel standards for environmental laboratories.

3 Exemption from national standards for proficiency testing frequency.

Amends § 144.98, subd. 9. Strikes an obsolete date in a subdivision on exemptions from national proficiency testing frequency standards for environmental laboratories.

4 Review.

Amends § 144E.123, subd. 3. From the prehospital care data for emergency responses that the Office of Emergency Medical Services collects from ambulance services, allows the director of the Office of Emergency Medical Services to share the following data with the Washington/Baltimore High Intensity Drug Trafficking Area's Overdose Detection Mapping Application Program (ODMAP): data that identifies where and when an overdose incident happens, fatality status, suspected drug type, naloxone administration, and first responder type. Describes the operation of ODMAP.

5 Program evaluation.

Amends § 145.4718. Requires the director of child sex trafficking prevention to submit the evaluation of the statewide program for safe harbor for sexually exploited youth to certain members of the legislature and the commissioner of health. Current law requires the director to conduct the evaluation every two years and submit it to the commissioner of health.

6 Purpose.

Amends § 145.901. Requires, rather than permits, the commissioner of health to conduct maternal death studies for the purposes of assisting the planning, implementation, and evaluation of medical, health, and welfare service systems and reducing the number of preventable maternal deaths in the state. Requires these studies to be conducted within the limits of available funding.

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7 General.

Amends § 145.902, subd. 1. Modifies the safe place for newborns statute. In para. (a), amends the definition of “safe place” at which a newborn may be relinquished to include a fire station that meets certain requirements or a newborn safety device installed at a participating fire station or at a hospital. A newborn safety device is a device installed at a hospital or fire station that allows a person relinquishing a newborn to anonymously place the newborn in the device and allows fire station personnel or hospital personnel to remove the infant from the device when notified there is a newborn in the device.

Para. (b) establishes requirements for newborn safety devices at which newborns may be relinquished under this section.

Para. (c) requires a newborn safety device to make available to the person relinquishing the newborn, information on how to contact relevant social services agencies.

Para. (d) adds personnel at a fire station to the individuals who must transport a relinquished newborn to a hospital for care.

8 Immunity.

Amends § 145.902, subd. 3. Prohibits a person from being criminally prosecuted solely for the act of relinquishing a newborn at a safe place according to this section.

9 Qualifications for licensure.

Amends § 147A.02. Modifies requirements for collaborative practice agreements for physician assistants eligible for licensure. It removes the requirement for the agreement to be a collaborative arrangement and allows the agreement to be with one or more physicians licensed in any state or territory, rather than only physicians licensed in Minnesota. Also removes the requirement for the collaborative agreement to designate the scope of services the PA may provide, and instead requires the agreement to designate the scope of collaboration necessary to manage patient care.

10 Optometry defined.

Amends § 148.56, subd. 1. Modifies optometrist scope of practice as follows:

Under current law optometrists are not permitted to administer legend drugs intramuscularly or by injection, except to treat anaphylaxis. The amendment to para. (b), cl. (1), would allow optometrists to administer legend drugs by injection but would prohibit intraocular injections (injections directly into the eye), sub-Tenon injections (injection into the space between the white of the eye and the membrane that lines the eye socket), injections posterior to the orbital septum (injection behind

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the tissue that separates the eyelid from the orbital cavity), or intramuscular injections (injection into a muscle) except as permitted under para. (d).

Under current law optometrists are not permitted to administer or prescribe oral steroids. The amendment to para. (b), cl. (3) and (4), would allow optometrists to administer or prescribe oral steroids for up to 14 days; to administer or prescribe for more than 14 days a physician consultation would be required.

Under current law optometrists are not permitted to prescribe or administer oral antivirals for more than ten days or to prescribe or administer oral carbonic anhydrase inhibitors (medications for glaucoma and other diseases) for more than seven days. The amendment to para. (b), cl (4) and (5), would allow optometrists to prescribe or administer oral antivirals and oral carbonic anhydrase inhibitors without a limit on the number of days.

Para. (c) prohibits optometrists from administering anesthetics by injection but allows optometrists to administer local anesthesia by injection to excise nonrecurrent chalazia (swelling on the eyelid caused by a blocked oil gland) and to excise single epidermal lesions that meet certain requirements.

Para. (d) allows optometrists to inject Botulinium toxin.

11 Injections.

Adds subd. 1a to § 148.56. In order to perform injections, requires an optometrist to receive approval from the Board of Optometry after demonstrating the optometrist has sufficient educational or clinical training to perform injections.

Article 2: Minnesota Health and Education Facilities Authority

This article expands the existing Higher Education Facilities Authority to allow it to also provide capital financing to nonprofit health care organizations, renames the authority the Minnesota Health and Education Facilities Authority, increases the cap on aggregate outstanding bonds to \$5 billion, and allocates \$2.25 billion for higher education projects and \$2.75 billion for health care projects.

Section Description - Article 2: Minnesota Health and Education Facilities Authority

1 Definitions.

Amends § 3.732, subd. 1. Changes the name of the authority to conform with its name change in chapter 136A.

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- 2 **Public official.**
Amends § 10A.01, subd. 35. Changes the name of the authority to conform with its name change in chapter 136A.
- 3 **Creation.**
Amends § 136A.25. Changes the name of the authority from the Minnesota Higher Education Facilities Authority to the Minnesota Health and Education Facilities Authority to reflect its expanded role.
- 4 **Memberships; officers; compensation; removal.**
Amends § 136A.26. Expands the size of the authority's board of directors from eight to nine members and provides the additional member must be affiliated with a health care organization. Makes the CEO of an association of nonprofit health care organizations a nonvoting, advisory member of the authority.
- 5 **Policy.**
Amends § 136A.27. Amends this section to reflect the expanded role of the authority.
- 6 **Definitions.**
Amends § 136A.28. Adds new definitions for affiliate, health care organization, education facility, and health care facility. Amends the current definition of project. Makes other conforming changes to the definitions section.
- 7 **Purpose.**
Amends § 136A.29, subd. 1. Makes conforming changes to reflect the expanded role of the authority.
- 8 **Employees; office space.**
Amends § 136A.29, subd. 3. Strikes language specifying authority employees must be provided retirement and other benefits like those of Office of Higher Education employees in the unclassified service. Authorizes the authority to maintain an office space of its choosing.
- 9 **Projects; generally.**
Amends § 136A.29, subd. 6. Requires authority-funded health care facility projects to comply with state laws regarding the construction or modification of health care facilities.

Section Description - Article 2: Minnesota Health and Education Facilities Authority

- 10 **Revenue bonds; limit.**
Amends § 136A.29, subd. 9. Increases the total value of outstanding bonds the authority may issue from \$2 billion to \$5 billion, and allocates \$2.25 billion to fund higher education projects and \$2.75 billion to fund health care projects.
- 11 **Revenue bonds; issuance, purpose, conditions.**
Amends § 136A.29, subd. 10. Makes conforming changes to reflect the expanded role of the authority.
- 12 **Rules for use of projects.**
Amends § 136A.29, subd. 14. Makes conforming changes to reflect the expanded role of the authority.
- 13 **Surety.**
Amends § 136A.29, subd. 19. Makes a grammatical change and a grammatical correction.
- 14 **Sale, lease, and disposal of property.**
Amends § 136A.29, subd. 20. Makes grammatical changes.
- 15 **Loans.**
Amends § 136A.29, subd. 21. Makes conforming changes to reflect the expanded role of the authority.
- 16 **Costs, expenses, and other charges.**
Amends § 136A.29, subd. 22. Clarifies the authority's ability to charge participating institutions for the authority's administrative expenses.
- 17 **Determination of affiliate status.**
Adds subd. 24 to § 136A.29. Empowers the authority to determine whether an entity meets the new definition of affiliate that applies to this section.
- 18 **Bonds; generally.**
Amends § 136A.32, subd. 1. Adds a new requirement that, before issuing bonds to finance a health care facility, the authority must obtain consent from the city or town where the facility will be located.
- 19 **Provisions of resolution authorizing bonds.**
Amends § 136A.32, subd. 4. Clarifies that the authority may contract with multiple entities to secure payment of revenue bonds. Makes grammatical changes.

Section Description - Article 2: Minnesota Health and Education Facilities Authority

- 20 **Health care certification.**
Adds subd. 4a to § 136A.32. Requires a health care organization to affirm that, while authority financing for its project remains outstanding, it will not use bond proceeds to benefit any private party or private equity-funded entity.
- 21 **Trust agreement.**
Amends § 136A.33. Makes grammatical changes.
- 22 **Investment.**
Amends § 136A.34, subd. 3. Allows the authority to invest escrowed bond proceeds in money market funds that invest solely in federally guaranteed debt obligations.
- 23 **Additional purpose; improvements.**
Amends § 136A.34, subd. 4. Makes a clarifying change. Section 136A.32, subdivision 7, permits bond proceeds to be deposited in time deposits or invested in repurchase agreements of certain banks.
- 24 **Revenues.**
Amends § 136A.36. Allows the authority to charge different rates for education projects than for health care projects. Makes grammatical and conforming changes.
- 25 **Bonds eligible for investment.**
Amends § 136A.38. Makes grammatical changes.
- 26 **Conflict of interest.**
Amends § 136A.41. Makes conforming changes to reflect the expanded role of the authority.
- 27 **Annual report.**
Amends § 136A.42. Requires the authority's annual report to be sent to the Minnesota Historical Society and the Legislative Reference Library, instead of to the Office of Higher Education.
- 28 **Authorization.**
Amends § 136F.67, subd. 1. Changes the name of the authority to conform with its name change in chapter 136A.
- 29 **Employing unit.**
Amends § 354B.20, subd. 7. Changes the name of the authority to conform with its name change in chapter 136A.

Section Description - Article 2: Minnesota Health and Education Facilities Authority

30 Revisor instruction.

Instructs the revisor to recodify statutes concerning the authority into a new statutory chapter, 15D, which is proximate to other chapters regarding state finance.

31 Repealer.

Repeals section 136A.29, subdivision 4, which allows the authority to colocate and share staff with the Office of Higher Education.



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